

FILED NOV 9 1943

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1194

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
111 No. 17th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 111 No. 17th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Josephine Davis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Davis

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 9 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>11</u>	hr. _____ min.

9. Birthplace Stansberry Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name David Buckridge

13. Birthplace Stansberry Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Huggins

15. Birthplace Stansberry Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Peter Skorphas

(b) Address 111 No 17th, St Joseph Mo

17. (a) Burial (b) Date thereof 10-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St Joseph, Missouri.

19. (a) 10-22-43 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1943 hour 11 minute 05 P M.

21. I hereby certify that I attended the deceased from 10-11-43
to 10-20 1943
that I last saw her alive on 10-20-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis over 1 yr

Angina Pectoris 3 day

Atherosclerosis over 1 yr.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93d

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)

23. Signature Clifton Smith (M. D. or other) MD.

Address 218 217 St Joseph Mo Date signed 10/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Robert H. Yapple

Licensed Embalmer No.

3308

P. O. Address.....

St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.